

# Virginia Department of Environmental Quality (DEQ) 2005 Northern Virginia Auto Body Shop

## Registration Form

(for Air Quality Regulation 9 VAC 5-120-160)

**This Registration Form must be completed by all auto body shops whether participating in the Environmental Results Program or not. If you were registered with the DEQ as a potential source of emissions to the air prior to receiving this form, please complete it anyway to ensure that all information now required is included in your registration.**

### Section A: General Facility Information

A. 1 Current Registration Number with DEQ (if all ready registered). \_\_\_\_\_

A. 2 Business Name: \_\_\_\_\_

A. 3 Alternate Business Names (if any) and Explain the Difference (e.g. A is the parent company of B): \_\_\_\_\_

A. 4 Street Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

If the mailing address is different from above, complete A.6 and A.7; if not, skip to A.8

A. 5 Street Address or P.O. Box: \_\_\_\_\_

A. 6 City, Zip: \_\_\_\_\_

A. 7 Business Phone Number: (\_\_\_\_\_)\_\_\_\_\_ -- \_\_\_\_\_

A. 8 Business Fax Number: (\_\_\_\_\_)\_\_\_\_\_ -- \_\_\_\_\_

A. 9 Business Email (if any): \_\_\_\_\_

A. 10 Number of Employees: \_\_\_\_\_

A. 11 Name of Business Owner (First/Last): \_\_\_\_\_/\_\_\_\_\_

A. 12 Owner's Phone (if different from business phone): (\_\_\_\_\_)\_\_\_\_\_ -- \_\_\_\_\_

A. 13 Has this business changed any of the following information in the last year:

Business location	<input type="checkbox"/> Yes - Answer A.15 and A.16	<input type="checkbox"/> No	} If all are no, Skip to A.19
Business name	<input type="checkbox"/> Yes - Answer A.17	<input type="checkbox"/> No	
Business ownership	<input type="checkbox"/> Yes - Answer A.18	<input type="checkbox"/> No	

A. 14 Previous Street Address: \_\_\_\_\_

A. 15 Previous City, Zip: \_\_\_\_\_

A. 16 Previous Business Name: \_\_\_\_\_

A. 17 Previous Owner Name  
(First/Last): \_\_\_\_\_/\_\_\_\_\_

A. 18 SIC Code and/or NAICS Code: \_\_\_\_\_/\_\_\_\_\_

**Example: SIC 7532/NAICS 81112 -**

Provide at least one of the two code numbers. The following websites may be of help:

<http://www.sba.gov/regulations/siccodes/siccodes.html>

<http://www.census.gov/epcd/naics/NAICS81.HTM#N811>

Your SIC number can also be found on your Virginia Department of Taxation's "Form R-1 Business Registration Application" question #4. Form R-1 has NAICS code table p. 6-8.

A. 19 Business Type: (*Check only one*):

- ☐ Franchise/Chain (i.e., facilities under contract to another company that own more than one auto body facility; includes company-owned stores and independent franchise owners)
- ☐ Independent (i.e., facilities that owe no allegiance to any other company or corporation)
- ☐ Government (includes federal, state, and local government facilities)
- ☐ Educational (i.e., technical schools that train students in auto body work)
- ☐ Other (*Specify*) \_\_\_\_\_

A. 21 Type of Services Provided (*Check all that apply*):

(*Note: This form is only for use by shops that do auto body work. If the shop provides auto body as well as other types of services, e.g., mechanical repair, it should be included.*)

- |   |   |
|---|---|
| <input type="checkbox"/> Auto Body Work                 | <input type="checkbox"/> Gas Station    |
| <input type="checkbox"/> Mechanical Repairs             | <input type="checkbox"/> Car Dealership |
| <input type="checkbox"/> Car Wash                       | <input type="checkbox"/> Salvage Yard   |
| <input type="checkbox"/> Fleet Maintenance              | <input type="checkbox"/> Towing         |
| <input type="checkbox"/> Other ( <i>Specify</i> ) _____ |   |

A. 22 Average number of body shop jobs processed per week: \_\_\_\_\_

- A. 23 Has your shop been inspected by DEQ within the last year?  
☐ Yes    ☐ No - *Skip to Section A.26*
- A. 24 Which DEQ section conducted the inspection? \_\_\_\_\_
- A. 25 When was the inspection conducted? (mm/yyyy)    ( \_\_\_\_/\_\_\_\_ )
- A. 26 Has your shop heard about the baseline inspections conducted as part of the self-certification program or the training workshops prior to completing the checklist?  
☐ Yes    ☐ No

## Section B: Specific Facility Equipment Information

- B. 1 How many paint booths are at your facility? \_\_\_\_\_
- B. 2 What are the manufacturer and model of each paint booth? If the paint booth was custom-made, please state so.

<u>Paint Booth Number</u>	<u>Manufacturer</u>	<u>Model Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

- B. 3 Describe air pollution control equipment on paint booths or other vented equipment (i.e. paint sanders).

<u>Type of Control Equipment</u>	<u>Efficiency (% of pollutant removal if known)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Section C. Document Certification

**Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering and evaluating the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**Name of Responsible Official (Print):**

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**Title:**

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**Signature:**

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**Mailing Address:**

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**Phone:** ( ) -

**Date:**

If you are not participating in the Northern Virginia Auto Body Self-Certification Program, fill out and mail the Non-Participation Form along with the Registration Form. Use the envelope provided in the back of the Workbook.

**Mail the Registration Form and Document Certification to:**

Virginia Department of Environmental Quality  
Northern Virginia Regional Office  
Attn. Regional Air Permit Manager  
13901 Crown Court,  
Woodbridge, VA 22193-1453